

8149

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH				ARIZONA STATE BOARD OF HEALTH		BUREAU OF VITAL STATISTICS	
1. PLACE OF DEATH				State File No. <u>566</u>		Registered No. _____	
County <u>Yuma</u> State <u>Arizona</u>							
Township <u>Wellton</u> or Village <u>Wellton</u>							
City _____ No. _____ St. _____ Ward _____							
(If death occurred in a hospital or institution, give its NAME instead of street and number)							
Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.							
2. FULL NAME <u>Margaret Lee Myers</u>							
(a) Residence: No. <u>Wellton Ariz</u> St. _____ Ward _____							
(Usual place of abode)						(If nonresident give city or town and State)	
PERSONAL AND STATISTICAL PARTICULARS							
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, or DIVORCED. (Write the word) <u>married</u>					
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>H. M. Myers</u>							
6. DATE OF BIRTH (month, day, and year) <u>April 1877</u>							
7. AGE	Years	Months	Days	If LESS than 1 day, _____ hrs. or _____ min.			
<u>54</u>		<u>1</u>	<u>3</u>				
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>							
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____							
10. Date deceased last worked at this occupation (month and year) _____							
11. Total time (years) spent in this occupation _____							
12. BIRTHPLACE (city or town) <u>Mason</u> (State or country) <u>Texas</u>							
13. NAME <u>Matthew Wilson</u>							
14. BIRTHPLACE (city or town) <u>Mason</u> (State or country) <u>Texas</u>							
15. MAIDEN NAME <u>unknown</u>							
16. BIRTHPLACE (city or town) _____ (State or country) _____							
17. INFORMANT <u>Olivia C. Myers</u> (Address) <u>Wellton, Arizona</u>							
18. BURIAL, CREMATION, OR REMOVAL Place <u>Yuma</u> Date <u>4-17</u> , 19 <u>31</u>							
19. UNDERTAKER <u>O. C. Johnson</u> (Address) <u>Yuma Ariz</u>							
20. Filed <u>4-17</u> , 19 <u>31</u> Registrar <u>T. C. Johnson</u>							
MEDICAL CERTIFICATE OF DEATH							
21. DATE OF DEATH (month, day, and year) <u>4-17</u> , 19 <u>31</u>							
22. I HEREBY CERTIFY, That I attended deceased from <u>April 13</u> , 19 <u>31</u> to <u>Apr 17</u> , 19 <u>31</u>							
I last saw her alive on <u>Apr 17</u> , 19 <u>31</u> ; death is said to have occurred on the date stated above, at <u>2:40 P.M.</u>							
The principal cause of death and related causes of importance were as follows: <u>apoplexy</u>							
Other contributory causes of importance: _____							
Name of operation _____ Date of _____							
What test confirmed diagnosis? _____ Was there an autopsy? _____							
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19 <u>31</u>							
Where did injury occur? _____ (Specify city or town, county and State)							
Specify whether injury occurred in industry, in home, or in public place. _____							
Manner of injury _____							
Nature of injury _____							
24. Was disease or injury in any way related to occupation of deceased? _____							
If so, specify _____							
(Signed) <u>Charles L. Wilson</u> , M. D.							
(Address) <u>Yuma, Arizona</u>							